



MISCELLANEOUS MANUFACTURERS QUESTIONNAIRE

Complete, answer, or check (✓) for "Yes," where appropriate.

ACCOUNT INFORMATION

Business Name: _____

Business description: _____

Website: _____

Year business started: _____ Years of management experience in this business: _____

Describe operations or product lines started in last 3 years: _____

Describe discontinued operations or products: _____

Note: Selective Insurance is not a market for any quarries, pits or other digging operations.

Full-time risk manager or safety director? Name: _____

Written safety program/plan? Provide a copy.

PROPERTY & PROTECTION

Hours of operation: _____

Building built for your occupancy? How long at location? _____

Full sprinkler protection?

Central station fire alarm?

ESFR System?

Contingency plan with fire department?

Partial sprinklers; What %? _____

Heat detectors (battery, or hard wired)

In-rack sprinklers?

Central station burglar alarm?

Fire or Booster Pump

Smoke detectors? (battery, or hard wired)

Diesel

Designated smoking areas? No smoking allowed?

Electric Has backup power?

Other - describe: _____

Other - describe: _____

All equipment & processes properly grounded/bonded?

Churn Test? Frequency: WK MO

Dust collection system? Vacuum type?

Other: _____

System protected? Describe: _____

Annual Performance Test in last 12 months?

Other protection; Describe: _____

Spray painting? UL or FMI approved booth?

Ventilation, w/explosion-proof wiring & lighting?

Electrical Discharge Machining (EDM)?

Automatic sprinkler system inside?

High Temperature Shut-Off?

Powder Coating

Low Dielectric Level Shut-Off?

Forging?

Automatic Suppression System?

Laser/Plasma Cutting?

Die Casting?

Heat Treating?

Welding/Brazing?

Electroplating?

- Plastic Work performed? Thermoplastics? Thermosets?
- Wood working? Chemical or chemical product work?
- Textile work? Clean Room?
- Flammable/Combustible liquids. Describe: _____
 - Handled in NFPA-approved containers? Volume: _____ gallons
 - Stored in NFPA-approved cabinet? Volume: _____ gallons
 - Stored in NFPA-approved storage room? Volume: _____ gallons
- MSDS sheets available?
- Precious or exotic metals or stones? Describe (quantities, values, security): _____
- General storage/warehousing: Area: _____ sq. ft. Products stored there: _____
- Die/Mold Storage, Describe # and value of dies/molds of yours: _____
and, your customers: _____

GENERAL LIABILITY

- Retail Sales? Are sales from your business' location?
- Loading dock safety policies?
- Inactive mine, quarry or gravel Pit? Describe: _____
- Premises outside U.S.? Describe: _____
- Off-premises operations? Describe: _____
- Any work subcontracted? Amount: \$ _____ Describe: _____
- Lease any employees? If **Yes**, How many? _____
How often (seasonal or permanent temps/leased)? _____ In what capacity? _____
What is the contractual arrangement between your company and the leasing or temporary agencies?

Please attach a copy of the contract.

CONTINGENCY PLANS

- Formal contingency plan?
- Individual suppliers key to operation? Backup available? Contractual agreement for backup?
Describe item(s) supplied & percent of operation: _____
- Individual subcontractors key to operation? Backup available? Contractual agreement for backup?
Describe service(s) provided & cost of hire: _____
- Specialized equipment taking more than 30 days to replace? Describe equipment, use, replacement time and values: _____
- Ownership of separate facility with equivalent equipment and ability to increase production in the event of a loss to other locations or specialized equipment.
Describe location: _____
- Other formal contingency plans for production in the event of loss preventing the use of the specialized equipment? Describe: _____

PRODUCTS

Receipts: Total \$ _____ Internet \$ _____ International \$ _____ Retail \$ _____

Component parts Components Final Product

Safety Product: Explain: _____

Describe Products: _____

Receipts breakdown by type of product, customer (for example: auto industry, or retail customer) & product longevity:

Product	Receipts	Industry Using or Retail	Made Since (Yr)
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

Past asbestos products? Describe: _____

Past products containing lead? Describe: _____

Any asbestos, lead, or silica claims? Describe: _____

Direct importing of raw materials or products? Describe: _____

Rebuild/retrofit/service your products? Explain: _____

Rebuild/retrofit/service others' products? Explain: _____

Individual customers account for more than 20% of sales? Explain customer and product: _____

Individual products account for more than 20% of sales? Explain product and use: _____

You outsource all or a portion of the manufacturing of the product that is sold under your business label?
Describe: _____

_____ Product specifications determined by: your business others

You incorporate components parts in the manufacturing of your product that are secured from major suppliers
Describe: _____

Manufacture goods which are labeled by others? Describe: _____

_____ Product specifications determined by: your business others

Sales of others' products? Describe: _____

_____ Product specifications determined by: your business others

- Risk transfers with others for products? Contractual Additional Insured Vendors
- Certificate Requirements Describe all: _____

- Legal counsel reviews all agreements?
- New products planned? Describe: _____
- Copy of standard contracts with customers and suppliers available? If so, attached? _____

QUALITY CONTROLS

- Customer sign-off prior to production?
- Products comply with or exceed all government or industry standards?
- ISO Quality Standard met? Describe: _____
- Are tests performed on your products? Describe: _____

- Are test performed on other's products? Describe: _____
- Are records kept on all products? How long? _____ All product batches identifiable?
- All product batches traceable? Expiration date on product?
- Rejected products destroyed? If not, describe: _____
- All consumer complaints investigated? _____
- All complaint records kept?
- Products recalled in last 10 yrs? Describe each event: _____
- Formal program for recalls? Individual assigned to handle recalls?
- Business ever shut down by a government authority? Describe: _____

- Business ever fined or penalized by a government authority? Describe: _____

AUTOMOBILE

- MVRs ordered for all employees? How frequently ordered? _____
- Formal auto safety program? Vehicle usage monitoring devices? Describe: _____

- Transport own goods? % Transported? _____ Radius of operation? _____ miles
- Any vehicles rented on regular basis? Describe: _____
- Any vehicles hired with drivers? Describe: _____

- Prescribed routes used? Vehicles self-maintained? Tanker trucks or trailers?
- Vehicles maintained by others? Maintenance contract in place?
- Back-hauling? Describe goods hauled: _____

- Receipts for back-hauling: \$ _____
- Motor Carrier Filings required? Describe: _____
- Employees that use their personal vehicles for business purposes are required to submit evidence of underlying personal insurance at an acceptable limit?